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ABSTRACT

A special demonstration project attempted to find means of assisting hard-core multi-problem families in a predominantly rural Idaho county. A single agency was formed to coordinate community activities and provide a variety of services for the needs of the total family. Project personnel included a director, social worker, home economist, public health nurse, and Advisory Board. Statistical data on the 84 families (450 persons) accepted for services are presented. Group activities, family counseling, home economics and health programs, and case work services were provided. Evaluative data show that 46.4% of the families made some progress. Schools reported social and academic improvement of many children involved. Potential for future adjustment of the families was rated good for 8.3%, fair for 45.2%, and poor for 46.5%. (KW)

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A demonstration project in Bonner County, Idaho
by the Idaho Department of Health in cooperation
with the National Institute of Mental Health

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FOREWORD

The special demonstration project described in this report was, at one and the same time, the most interesting and the most difficult administrative and program experience we have ever had in the Idaho Department of Health. There were, of course, a number of reasons for this and I am sure that even the casual reader will pick up some of these reasons while skimming through the report.

It may be that the long-term effects of this program will be, at best, unmeasurable in the community, but it was definitely a learning experience for a number of employees of the Department, including myself. In my opinion, the project was worthwhile and this Department now has a broader perspective and understanding of the social, as well as the health, problems of families, and particularly of "problem" families.

Appreciation is due to the National Institute for Mental Health for having provided the funds to carry out this project and for the consultation and assistance rendered whenever we asked.

TERRELL O. CARVER, M.D.
Administrator of Health
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INTERVENTION IN DISINTEGRATING FAMILIES

"INTERVENTION IN DISINTEGRATING FAMILIES", a special demonstration project focused on finding solutions to the many problems of the hard-core multi-problem families in a predominantly rural area, had its formal beginning June 1, 1964, when funds for the implementation of the program became available through a grant from the National Institute of Mental Health.

BACKGROUND OF PROJECT

Motivation to do something about the social and emotional ills of people usually arises out of at least a recognizable crisis — whether it be the result of an immediate shocking situation or a long-time simmering set of events that finally reaches a point where someone becomes actively concerned. The original group of citizens of Bonner County, Idaho — a predominantly rural area with a population of slightly over 16,000 people — that voiced concern about the community problems consisted of individuals directly involved with the community health, education, religious and welfare agencies and organizations.

When the Honorable (Mrs.) Frances Sleep assumed office as the Probate (Juvenile) Judge of Bonner County in January of 1957, she soon became aware of the existence of many problems of children and the giant gaps between these and the available resources to constructively alter the situation. The Superintendent of Schools, Mr. Jack Jones, and other school officials, including Mr. Charles Stidwell, an educator of considerable experience in working with problem children in the school system, were equally concerned about children from families that seemed to be beset with numerous problems that were serious enough to affect not only the child's academic adjustment in school, but also social acceptance. After personal discussions with various people in the community, the probate judge and the superintendent of schools extended an informal invitation to representatives of several groups and individuals in the community to attend a "round table" discussion of the various problems creating the concern.

The individuals involved in the initial discussion envisioned the problems and causations in similar descriptive terms. As the discussion progressed to where possible solutions might be found, it was soon apparent that each was emphasizing their particular area of interest more than visualizing how each might fit into the total picture. The educational group was concerned with special educational methods emphasizing the need for improvement of vocational education resources for children

unable to function in the regular school program. Public health nurses were concerned with the lack of health and medical facilities for children. Local and county government representatives were concerned with spiraling indigent costs, and suggested emphasizing the need to increase methods of equipping the family breadwinner to more effectively compete in the labor market. Mental health interests listed their concern for improved services for the problems of the mentally ill by providing "early treatment" through clinical programs.

The education representatives reported they had observed a preponderance of children having difficulty in the school setting — especially in the lower grades — from homes confronted with poverty, marital strife, physical problems, and the inability of the parent to function adequately either vocationally or socially. The juvenile judge and law enforcement personnel reported like problems in many families of children who had been apprehended for law violations. The public health nurses and representatives of the department of public assistance reported similar findings. Local governmental officials and law enforcement expressed their concern about a few families that seemed to be responsible for a great majority of the juvenile offenses.

It was noted during the discussions that many of these problem families had resided in the county for many years and were not necessarily recent escapees from the larger populated areas. It was observed by members of the planning group that some of the fathers had migrated into the county during the depression years and had taken up residence in abandoned cabins in the timber areas. Some had later purchased small plots of land and attempted to eke out a living from this resource. The natural abundance of timber and wild game in the county had apparently provided a method for some of these individuals to exist off the land, and by obtaining a few days' work in nearby lumbering industries, they could obtain the cash necessary to get along. For a single, unattached individual, this was not too bad a situation at the time. Unfortunately, things did not remain static. Along with the natural mating instincts, families were created. Later the mechanization of the lumbering industry eliminated the need for individuals with few vocational skills, many physical complaints and inadequate social abilities. Many of these families eventually found themselves unable to vocationally or socially cope with the pressures of the "outside world."

Public assistance agencies and county government were trying to meet the ever-increasing financial needs

of many of the families described. Public health nurses were trying to meet the medical needs especially of the children. Their social problems had become so complicated — in many cases because of past neglect — that the children's school and social adjustment was frequently being impaired. It was also reported that there were many indications that in some families there were many problems where nothing was being done to try to correct the situation. It was further hypothesized that in some cases although there was a source of financial income, many problems still existed. In addition, it was evident that little had been done or was being done to coordinate community activities in attempting to meet the needs of the total family. In retrospect, the project was really the beginning of an organized miniature "poverty program" aimed at the individualized "ghettos" of a rural area.

From the special interest of the juvenile judge and the superintendent of schools, several additional meetings were held with interested citizens and agency representatives, to further discuss possible solutions to the problems. Miss Irene Kohl, Psychiatric Social Work Consultant from the Regional Office of the U.S. Public Health Services at Denver, Colorado, and representatives from the Youth Rehabilitation Division and the Community Mental Health Section of the Idaho Department of Health were invited to meet with the planning group. From these meetings evolved many additional sessions, both at Sandpoint and Boise. The Superintendent of State Hospital North, a hospital at Orofino for the mentally ill, and personnel from the Panhandle District Health Department at Coeur d'Alene, which serves Bonner County, participated in the later meetings.

The conclusions reached from the many discussion sessions were that a solution to the various problems described might best be found by providing a variety of services through a single agency. The services would be directed, it was envisioned, at not only just one individual in a family, but so coordinated to include services for the total family. Hopefully this would provide a method of altering future trends of family members by providing change for the children. This would mean working with problems related to strengthening of the total family regardless of reasons for the original referral. One agency to coordinate and direct the use of various professional skills and needed facilities appeared to offer the greatest potential for success. This conclusion was based on the fact that: the area to be addressed was predominantly rural, local services were limited, and through such an arrangement better use could be made of existing resources.

To provide a continuum of consultation to the group from the State level, the Administrator of Health originally assigned the responsibility of working with the project planners to the director of the Community Mental Health Section. Several planning sessions were held following this assignment. Through the process of default, when it came to the actual preparation of the application for the project grant, the responsibility for providing assistance from the State level fell to the director of the Youth Rehabilitation Division, the central State agency responsible for the prevention and control of delinquency.

Since the project was designed to concentrate on a population slightly over 16,000 confined in a geographic area consisting of several small rural communities, the most effective method of administering the program presented a point of concern. Possible suggestions included forming a corporation by the local planning group to make application for the grant, or that one of the local units of government, such as the city, county or school districts, could make the application and administer the program. Most of the people involved in the original planning were very emphatic about the geographic boundaries to be addressed by the project, and just as decisive that the administrative responsibility should not be attached to any arm of local or county government.

The planning group suggested that the Idaho Department of Health be responsible for the administration of the project. They reasoned that the administrative agency should be able to coordinate existing resources within and outside the boundaries of Bonner County with the project activities. The need to attract individuals with professional skills closely related to those essential to the implementation of the project was also a point for consideration. In addition to having administrative responsibility for the usual physical and environmental public health programs, the Department of Health has jurisdiction over programs for mental health, mental retardation, juvenile delinquency and the services for the physically handicapped children. The planning group were of the opinion that through this state agency a more coordinated program could develop.

It was recognized that some direct method of providing a voice for local participation in the direction of the program was needed if the Department of Health was to administer the project. Arrangements were needed, it was suggested, whereby local interests could participate in developing policy, but more importantly, to provide a channel of communications between the community and the project. The creation of an advisory board was recommended with the members being selected from interested

lay citizens. It was suggested that personnel from community health and welfare agencies could act as consultants to the advisory board and the project, but not necessarily hold membership on the board. In this way the board could be more effective in providing community support for the development of a volunteer program, interpreting the functions and purpose of the project to the community, and in providing the emphasis for continuation of the successful areas of the services of the project when Federal funds would be depleted in December of 1967.

It was assumed by the planners that the problems of families included in the project could not be lumped into one neat bundle with an identifying handle attached, such as delinquency, dependency, poverty, neglect, mental illness, adult criminality, mental retardation, physical abnormalities, etc. Members of these families no doubt would represent individuals who would qualify for inclusion in almost any of the classifications. In the final analysis, the group's thinking leaned toward the need for a demonstration program directed toward the creation of services that could bridge the gap in the predominantly rural setting between the "have needs" and "have not services." This would include the implementation of new services and the coordination of existing facilities and resources directed to meeting the needs of the multi-problem families. The structure would, by necessity, have to fit the particular geographic and cultural factors peculiar to the area and still provide the greatest opportunity to prevent further deterioration of the individual members of the alleged problem families.

Patterns to draw from for assistance in the planning of such a program were conspicuously absent. Information was available about projects that had dealt with the coordination of various agency activities in large urban areas. The coordination aspect was realistic enough, but the absence of available services in the sample area presented a different situation. The services would need to be created within a structure that could not only introduce new and unique methodologies within this particular type of setting, but would be conducive to encouraging existing agencies and organizations to incorporate the successful activities resulting from the project into their own programs when the Federal funds were discontinued.

Historically, resources for dealing with problems of the emotional and social maladjustments of people are usually not physically located in the predominantly rural setting. During the depression years of the 1930's, the development of the public welfare concept saw facilities for doling money, food and clothing extended to include rural communities. The trend in such agencies was for

most of the resources to be administered from a state or regional level. Thus, in planning for social needs in a particular community, a state or regional administrative unit must become informed about local needs and problems. Therefore, to influence program development on the local level, by necessity, there must be an open channel of communication up the chain of command as well as downward. If, by chance, there happens to be frequent change of local administrative personnel or frequent shifting of case loads, the chances are good that information going up could be drastically curtailed. If administrative philosophy happened to be directed toward the economic factors more than the rehabilitative aspects, the latter no doubt would be lost in the shuffle and the program could become just another orderly bookkeeping and surveillance system.

The plan for the ultimate end of a particular phase of a project or program should be considered and commenced at the time of the first inauguration of the adventure. To accomplish this feat, it was suggested that the local agencies' and organizations' personnel involved in the planning could assume the responsibility of being the active liaison between the project and the administrative heads of the agencies. In this way, the various agencies could be encouraged to work toward "picking up" the successful elements of the project upon completion of the Federal funding. It was envisioned by the planners of the project that the lay advisory board could serve as the communication channel to further involve various interested program administrators, both at the regional and the state level, in the extension of services to meet the social needs of the community. It was hoped this method would be effective in preventing local communities from relying on project resources to the extent that they would fail to develop needed new programs within the present structure or permit existing resources to be discontinued because of the project.

From this background of planning, the actual preparation of the application for presentation to the National Institute of Mental Health was undertaken.

PROJECT STRUCTURE

As planning for the project took shape, the problem of defining the extent of the particular tasks to be accomplished in relation to the needed skills with which to do the job became more apparent. The discussions that followed again produced a verbal understanding of the broad aspects of the situation, but still the solutions were considered within the sphere directly related to the interests of the individual members of the planning group.

Again, the assistance of Miss Irene Kohl provided a resource for a more concerted understanding of the multitude of factors that could be presented by the families the project proposed to reach.

From the discussion came the suggestions that there would no doubt need to be two methods of developing a staff for the delivery of the services. First, a full-time staff would be needed, and secondly, services on a part-time basis would be necessary from certain specialties as the needs of the clients dictated. It was decided that it would be essential to have an "innovator" as project director who could bring together the particular specialties needed, and who would provide direction to facilitate coordination of all phases of the program. It was concluded that a person trained in social work would be a logical choice for the directorship.

Another area where there seemed to be a preponderance of needs was in the nutritional and home management. This seemed to best fit the skills of a person trained in home economics. The extent of the needs in this area seemed to be sufficiently great to require the services of a full-time staff member. The absence of previous experience with such a person in the proposed setting added to the difficulty of predicting the case load.

It was decided there would need to be a public health nurse available on a full-time basis to coordinate the health services for the families. This position was viewed more as a consultant and a person to coordinate and develop resources to meet the physical needs of the family, and in so doing to assume a somewhat different role than that usually attributed to a public health nurse.

Such services as speech therapy, special tutoring, medical needs, etc., could be purchased as needed from specialists in the area or from nearby Spokane, Washington. The matter of psychological and psychiatric services was seen as a part-time need that could be directed mainly to consultation rather than direct services.

Thus, the proposed staff for the project would be a multi-discipline team composed of the project director, a social worker, home economist and a public health nurse. Each member would also serve as consultants to each other in carrying out an integrated treatment and rehabilitation approach.

COMMUNITY

It was an accepted axiom that the community would have to be involved in any change that would occur with the families previously described. Not only would the improvement of the family members make them more desirable to the community, but it was recognized

that the community would have to be modified to offer a better opportunity structure for the families. Community involvement with the development of the project was, at the onset, viewed as a needed ingredient for the successful completion of the undertaking.

Members of local civic groups had been included in the planning sessions. Various governmental agencies, such as city and county government, had also been involved in the initial planning. As the structure of the proposed program became more detailed and directed toward consideration of staff and special skills needed for program delivery, the extent of the involvement of the civic leaders decreased. They indicated an interest in the creation of such services, but also suggested that certain aspects of such an endeavor should be handled by the "experts." Thus, the final stages of the planning were accomplished — unintentionally but with no effort being extended to change the situation — by individuals directly related to local and state health, welfare and educational programs.

With the gradual loss of interest by civic and local governmental personnel in the details of the proposed project, there was again concern expressed as to how best to create a vehicle of communication between the project and the community. The discussion revealed at least a verbal recognition that community leaders could best accomplish the task. The creation of an advisory board as the method of providing the needed linkage between the project and the community was again suggested.

The decision of the planning group was that the advisory board *should not* be made up of agency representatives but should include individuals from the power structure of the community. The professionals from the local agencies would assume the role of consultants to the project. The advisory board membership would be staggered each year to provide for a wider participation with the program. It was suggested that the appointment of the members of the advisory board be made after a director had been selected. This would permit the director to participate in the selection of the board members and provide for a better understanding of the role of the board. The selection of the director would be made by members of the planning group from a list of eligible applicants supplied by the State Merit System. The planning group, after interviewing the candidates, would recommend to the Administrator of Health their choice for the director.

OBTAINING STAFF

Upon notification that the project had been funded, a search for a director was begun. Several suggestions

were made as to securing the services of the project director. Because of various reasons expressed by members of the local planning groups, the choice was narrowed to two individuals. These two — both social workers — met with members of the planning group, and as a result of the interviews, a director was selected. The project director assumed his position in August of 1964.

The next step was to obtain necessary office space and the remainder of the full-time and part-time staff. The superintendent of schools made arrangements for temporary office space in one of the older school buildings in Sandpoint, the county seat of Bonner County, until permanent quarters could be obtained. At the same time, action was taken to find both full-time and part-time staff.

Early in the project, a home economist and a public health nurse were employed. Arrangements were made for psychiatric and psychological consultants to work with the project. They were from the Spokane area — about 70 miles from Sandpont — and would be available to the project on a regularly scheduled basis.

During the latter part of December, 1964, the services of a Master Degree Social Worker were secured on a part-time basis. This social worker was a housewife living in the area. In June of 1965 a full-time social worker was employed. Because of the apparent need for more social work services than originally anticipated, the part-time social worker was continued on the project.

During August of 1965, the home economist resigned and moved to another city, and this job was vacant until September of 1966.

ADVISORY BOARD

One of the prime ingredients in any new undertaking in a community — whether it be related to business, civic activities or religious organizations — that directly affects the success or failure of the adventure is the relationship developed between the agency and the community. At the onset of the planning of the project, it was recognized that it would be extremely important that no one segment of community services become too controlling or active in the program to the disservice of the other groups. Thus, it was envisioned that an advisory committee or board composed of lay representatives of the community could provide the link between the power structure and special interest groups in the community and the project. It would also serve to prevent the possibility of any one particular community agency exerting undue control over the project.

Despite the seemingly early recognition and subsequent discussions by the planning group of the various

problems relating to an advisory board, the results did not conform to the advanced recommendations. The Advisory Board membership had been picked in advance by some members of the planning group and was on hand when the Director of the project reported for duty. The membership of the Board, which should have been representative of the power structure of the community, ended up being mostly representatives of vested local interests. All of the membership, with the exception of a local medical doctor and a minister, were attached by employment with local private and public agencies.

The Advisory Board underwent its first test of strength shortly after the home economist was employed. The home economist was enrolled in a university extension course and needed information about certain family patterns in the community to complete an assignment for the class. She concluded that the information could be obtained from one of the classes at the local high school by the use of a form that had been developed by the project.

The home economist consulted the project director about using the form. The director did not think the form met the needs for the class assignment and suggested it be changed to obtain the information the home economist desired. The director also suggested, during the conversation, that the necessary steps be taken to insure that the procedure was properly cleared with school officials. It was also suggested that the students involved be informed that their participation was strictly voluntary and that the project was not involved. The director further emphasized that it would be important that the parents of the children participating be provided with an explanation of the ultimate use of the information before the questionnaire was given to the students.

The home economist assumed from the conversation with the project director that permission had been granted to use the form if certain changes were made. Some of the changes were made, but the necessary communication with the school administration, the project director and the parents was neglected. The explanation to the students, at the time they were given the questionnaire, was apparently quite limited.

The questionnaire was given to the students as planned by the home economist. The following day some parents, who were ultra conservative in their leanings, had reprinted the questionnaire and were distributing it around the community with the inference that some sinister plot had been uncovered in the high school which had originated through the project. No doubt the procedure had not been handled properly by the project staff

member, but the main problem was the lack of good judgment and in no way connected with any subversive undertaking.

An advisory board consisting of individuals from the power structure of the community could no doubt have effectively intervened by obtaining the facts, and from such information provided an open and frank explanation, under their identification, to the community. Because of the vocational relationships of the individual members of the Board, and no doubt resulting fear of loss of public support of their own particular agencies, about the only positive assistance came from the one Board member who was the local medical doctor. He, in turn, enlisted the support of a member of the local dental profession. They appeared before the school board, and with the assistance of some of the project staff, and incidentally with little hesitation, placed the problem in proper perspective and the matter was concluded, but not without leaving considerable apprehension in the minds of both the staff and Advisory Board members.

As the program progressed, some of the problems that developed were complicated by the extra-curricular activities of some of the Advisory Board members in relation to the project. Some of the employees of the project tended to identify with or become hostile toward — whichever the case might be — certain individuals on the Board. This may have been the result of like occupational interest, professional jealousy, personality quirks, cooperatively working on a particular family problem, or some other special reasons. Because of this personal relationship with individual members of the Advisory Board and project staff, there was a tendency for some of the staff to sometimes consult with or "run to" a particular Board member with problems rather than to take the matter directly to the Project Director, where direct action could be taken.

On some occasions, certain vested interests in the community felt their positions were being threatened, that the organization they represented was not being sufficiently involved in the program, or they had heard some "gripes" from individuals in the community about the project. Instead of going to the Project Director and discussing the problem, they would go to one of the Advisory Board members. Then, instead of the Board member involved taking the matter directly to the Project Director, the information would be transmitted by word of mouth from one person to another until, by chance, it reached someone with sufficient foresight to inform the Project Director of the "now rumors" being circulated. This added to a breakdown in communications with the individual members of the Advisory Board, contributing to internal

staff problems, and in some cases prevented corrective action that may have been able to change the situation. With this pattern being frequently introduced, the inclusion of the total membership of the Board in the operation of the project became less and less.

Both of the described situations were quite common, especially at the onset of the project, and were very effective in adding more fuel to the communication gap between the Board and the project staff. The failure of the Board members to direct complaints to the Project Director also affected greatly the relationship between state level consultative services and the project. This resulted in particular Board members "carrying tales" to the consultants. In turn, the consultants continued to "carry the tales" rather than directing them through proper channels. In at least three areas, the benefits that could have been derived from consultative assistance from both state and regional resources were entirely destroyed. On two occasions, the relationship became so strained that the Administrator of Health had to intervene to prevent further deterioration. The end result was a stand-off type of situation in which the project staff would often avoid involving certain members of the Advisory Board in the policy-making process, and provide a source for internal friction that was difficult to document and correct. In fact, the original concept of rotating the terms of the Advisory Board membership was never carried out during the life of the project.

There were several discussions involving the Advisory Board and the project staff in an attempt to encourage them to explore methods of obtaining resources with which to carry on the various programs of the project after the termination of the Federal funds. It was assumed by the project staff that it was a joint responsibility with them and the Advisory Board to work toward finding local resources and agencies interested in carrying out some of the services that were being provided by the project. The staff of the State Mental Health Division was contacted on several occasions concerning the role that the project could play in the development of regional or local mental health services. Neither the Mental Health Division nor the local mental health association followed through on the suggestions. The Advisory Board was apparently not sufficiently organized to meet the task, nor did the project staff provide the leadership necessary to offset some of the negative attitudes that had developed from inadequate communications.

It is recognized that in addition to the weaknesses in the structure of the Board, the project staff members were also quite lax in their efforts toward public relations, and too often did not consider the implications of their

relationships with not only the community power structure but also with the vested interests. Consequently, the end results were that the community did not fully share in the benefits of the project, and the potential long-range value to the people needing such services was adversely affected. There is little doubt that the lack of knowledge and apparent lack of interest by the majority of the citizenry about the goals and value of the project was in part directly related to the lack of unity of purpose between the project staff and the Advisory Board.

REFERRALS

The first family was referred to the project in early September of 1964. By the end of the year, more than 25 families had been referred. At the end of the second year, 77 families had been referred. During this time a number of families and individuals had also been provided assistance, but because of the nature of the referral were not listed in the statistics of the project. For various reasons they did not fit into the scope of the project as written, but none-the-less it was apparent they needed help. It was decided at this time to not include this group in the statistical data since they did not fit into the category as defined by the project.

The majority of the latter group of families had been referred by law enforcement personnel, attorneys, doctors, ministers, and a large number requested assistance on their own volition. Most of this latter group did not fit into the criterion as outlined for inclusion in the project. They had problems — not necessarily multi-problems — but problems that needed immediate attention to enable them, as individuals and families, to function with less emotional stress. Thus, because of the pressure of needs, the project took on the aspects of a broad purpose clinic reaching beyond the traditional facility for the prevention of mental illness.

Some of the families that fit the group that did not meet the scope of the project could be helped by referral to other agencies and resources either within the community and the State, or in Spokane, Washington. Many were provided short-term emergency services by the project staff until the particular crisis could be handled and the family or individual could again function without undue stress. In some of the cases, the problems and circumstances were such that extensive services were needed and none were available. Regardless of the restrictions, every effort was made to provide services for these families. In the majority of the cases (and the number was considerably greater than those that qualified for acceptance under the project), short-term services were needed to

bolster the family so they could handle the immediate problem and return to functioning more comfortably as a family unit.

Shortly after the onset of the project, it became apparent that there was need for resources to handle the immediate crises situations of both individuals and families. These families represented cases that too often were so complicated by lack of help and waiting lists that disastrous results were inevitable but still unnecessary. These are the families that can and do function fairly well until faced with a crisis or a series of crises, and then too often unnecessarily "fall apart" because they have no port for protection in weathering the storm. This is the group that, after the home is shattered beyond repair, people in the community will say "wasn't that too bad — they were such a nice family." No doubt they were a nice family and would have continued to be a nice family if they could have been helped through their immediate crisis. Statistical patterns are not available for such cases. In the absence of resources where these people could turn for help, it leaves only "hind sight" as the evaluative tool. Too often the need for services for the emergency needs are neglected, especially in the predominantly rural areas, with the theory that such problems only happen in the urban areas. In reality, this project inadvertently found that such needs definitely exist in the predominantly rural setting. These families were seeking help from facilities they felt would neither label them as "nuts" or "criminals."

PROGRAM

Most of the early efforts of the project were in developing program guidelines necessary to the implementation of the philosophies as set forth in the application for funds. This process included the establishment of intake procedures, staff assignments and methods for referrals. Community agencies and resources were contacted to acquaint them with the guidelines and procedures suggested.

The initial program was directed toward the traditional casework concept. It was soon discovered that one of the first steps necessary — if the design of the project was to be accomplished — was to make the casework more aggressive by taking the services to the clients. This involved going beyond the conventional environment of casework whereby the clients came in on "bended knee" seeking help, or the too-often prescribed public assistance role of only being a dispenser of financial assistance. People with problems need help, and they are not always adequately motivated or sufficiently knowledgable about

resources to seek the needed help. The solutions for the project families were not basically to be obtained by the process of only supplying financial resources. Too often, financial assistance alone served only to retard the imposition of effective action toward altering the basic deteriorative process.

As the project progressed, it became apparent that family counseling could no doubt be a profitable venture and could be accomplished by the involvement of all members of the staff in providing group counseling. It was soon recognized that this program could not be instigated by just an invitation to a family to "show up" for family counseling sessions. It required "push" by all of the staff to even motivate the various members of the family. At this point an old method — but unacceptable in many social work circles — was used quite effectively to encourage certain members of the family to participate in the program. To provide a common ground for understanding, the nomenclature that seems to best fit the method was a simple "threat." Despite the fears concerning such methods, in a majority of cases the threat of the loss of some of the "goodies" the project could dangle as inducement did provide the motivation for greater effort to attend group programs by all members of the family. The group technique from that point was to provide a meaningful experience that would insure a continuation of attendance. The added steps to apply pressure to the participants did pay off with a greater amount of positive rather than negative results. As a result of the initial evaluation of the family by the staff, a planned attack on the problems involving all members of the family, when so indicated, was instigated. The "threat therapy," used within the confines of a calculated risk, did add to the success of the undertaking.

HOME ECONOMICS

One of the first programs to be added to the project was in the area of home economics. Among other things, this program consisted of group instruction held weekly at the project. Group discussions and activities covered topics such as clothing construction, economics of buying, budgeting, preparation of food and related home management problems. These discussions were inter-mixed with information about health and physical problems which included participation by the public health nurse. It also provided the basis for some of the "bait" to induce attendance and involvement in family group counseling.

Despite the negative attitude often expressed by the general public toward people seeking "hand outs," the great majority of the families known to the project did display sensitivity about public attitude toward them.

The home economist was instrumental in the development of programs for younger family members. Programs were provided where they could participate in discussions and training sessions relating to problems of interest to their own social and emotional adjustment. This program also provided special resources for the improvement of the grooming of both boys and girls by professionals in the community. In cases where transportation was a problem for the participants, this was worked out through the use of volunteers from the surrounding communities. On one occasion, through the resources of the project, a youngster was assisted in the preparation for and ultimate attendance, with a date, at the high school Junior Prom.

No doubt the above information smacks of activities akin to the 4-H and other home-making programs carried on by the agricultural extension services. The difference is that the project was designed to reach out to families that are usually not included in existing 4-H programs. The families involved in the project — both as groups and individual members — would no doubt not fit into the social structure of existing programs, nor would they be able to successfully compete with the demands inherent in such programs. The project was geared to meet the individual needs of the clients, not the clients to meet the expectations of a program or a project.

The project group programs were not just geared to excellence in dress-making or agricultural pursuits. The program was directed toward the improvement of the total family, including emotional and physical well-being. The sample being considered by the project would not, in most cases, participate in the normal stream of community activities. Since man is considered to be a social animal, these people, by a process of diminishing alternatives, had created methods of obtaining social acceptance within their social strata which sometimes included activities and standards that were not always in accordance with accepted customs of the community. The project was geared to intervene and attempt to provide a meaningful experience within the limitations presented by the clients. The realities of the game were geared to the participants' level, with the intent of providing greater acceptance by the community. This included providing, in some cases, special tutors to assist the children to maintain or improve their educational level so they could more effectively compete academically.

The more formalized courses provided by the home economist ran for about four months for each group. To provide added meaning to the training course, each group was climaxed with a "graduation ceremony." This con-

sisted of the group members inviting their families, especially husbands, the project staff and Advisory Board members to a tea. The training group would organize and prepare all of the things essential for the tea in conformance with their training. Their wearing apparel and other items created for their homes were either worn or displayed during the tea. The results of their labors may not have earned a blue ribbon at the county fair, but none-the-less provided a moment of pride of achievement for the participants that some had never before experienced.

NURSING PROGRAM

Shortly after the first referral was received, it was apparent that there were health problems in the families that needed consideration. Many of the family members had unattended physical problems ranging from dental problems, pre- and post-natal care, cleanliness in the home, help with specific diseases or injuries, and numerous other areas of nursing practice.

The conclusion was that the project nurse should not necessarily follow the general pattern of practice of the public health nurse. Under the project, there would need to be enough flexibility to deal with the various problems of the families as they developed. The problems of the families and the purposes of the project necessitated the nurse working as a member of a team. It was in this team approach that the nursing services presented the greatest difficulty.

Later the nursing program was extended to include working with groups. The groups included post-state hospital patients and families that represented a predominance of medical problems whether or not the participants were accepted in the project. Films on physical and mental health areas were used extensively with these groups.

As the project progressed, the importance of the full-time nursing services to the effectiveness of the aims of the project decreased. The areas of cleanliness and personal hygiene, along with infant and child care and medical problems, seemed to be more amenable to presentation through the groups in the home economics programs. The information seemed to mean more to the participants when the functions of homemaking were the main emphasis. The results of the project indicated that the nursing services probably could have been more effective if they had been planned on a part-time basis and purchased through local resources.

CASE WORK SERVICES

Individualized case work services were an essential

part of the project and were involved in all aspects of the activities. If it was decided, as a result of the initial or subsequent evaluation, that certain family members could not function in one of the group programs without additional individualized case work, this was provided. It was also recognized that under certain circumstances it would be necessary to provide individualized case work to help some people handle a disturbing situation at a particular time. Thus, the case work became an initial part of the overall plan and was coordinated and directed toward the strengthening of the family's ability to function adequately both as a unit and as individuals.

In cooperation with the Youth Rehabilitation Division of the Department of Health and the Bonner County Probate Court, about 30 to 40 delinquent children were included in the project. Many were members of the 84 families that were known to the project. The requirement that the family qualify for acceptance under the project was not in this particular activity a criteria for participation in the program. As a result, part of the children under the delinquency program were not recorded as family members in the statistical records of the project, but did receive services.

The delinquency program included both individualized and group therapy. The girls in this program were also included in the group sessions carried on under both the home economist and nursing program. Again, the home economics emphasis was a less threatening and more acceptable and successful means of involving the youngsters in a therapeutic group program than was the nursing program.

FAMILY CENTERED PROJECT

As the project progressed, it became increasingly apparent that in dealing with the problems of the individual members of a family, it is essential to relate the causes and effects of not only the problems but the treatment processes to the total family. Some family members needed a variety of individualized care ranging from the care of physical abnormalities to casework services for emotional problems. Shortly after the first few families had been seen, there was no question that the initial theory concerning the existence of multi-problem families was certainly a reality. The problems presented by each family often represented many more facets than were usually apparent from a casual first contact, or were described by the family or referring agency.

As the project's various programs began to take form, it soon became apparent that there was need to do more than just be sure the professional staff worked as

a team. Regardless of how well the staff worked together on an individualized case basis, it was still difficult to involve or relate the total family to the process.

At this point it was decided to direct some programs toward various group activities when possible to determine if this method could be effective in inducing greater involvement of the total family. Thus, with each activity developed, regardless of the common denominator of treatment direction, a planned method of group interaction was interjected. The emphasis was toward involving as many of the individual family members as possible in some group process. This provided a method whereby many of the people could have their first constructive opportunity to be included in a meaningful group relationship. Some, especially the fathers, were much more reluctant to get involved in this process than others.

The staff recognized that they were also inclined to avoid reaching out to the fathers in an effort to involve them in the groups. It was felt that this situation was, in part, due to the combination of the resistance of the father to becoming involved and the staff's reluctance to provide more effort to reach out to them to include them in the family planning. It was easier to deal with the mothers and children than exert the extra effort to include the fathers in the planning. On the surface, the father, with his avoidance mechanism at full mast, represented the least promise of a source of strength in the family setting. Although group process provided a more effective tool to involve the father in the activities, the method still seemed to be a greater status threat to him than to the mother.

The group efforts were directed to the following areas: (1) to the heads of families who were having difficulty communicating with each other; (2) to the mothers who seemed to be particularly hostile; (3) to delinquent and acting-out children of families associated with the project; (4) to school drop-outs who had never attended high school.

Activities were also directed toward the community in an effort to more effectively provide an understanding of the aims of the project and to help in the interpretation of the broad factors relating to family services.

Workshops were sponsored by the project to provide learning experiences for both lay and professional people in the community. There was a workshop directed toward law enforcement personnel that included state, county, city officers and attorneys. A series of recorded broadcasts over the local radio station were sponsored in an effort to promote citizen interest in the emotional prob-

lems of people. A seminar on counseling was presented to ministers, teachers, attorneys, welfare workers, and public health personnel. Discussions and lectures were provided to civic and service clubs, Parent-Teacher Associations, etc.

Community educational programs regarding the functions of a particular agency do not always reach the public that actually needs the services with the same degree of acceptance as the instigators of the communications material might have expected. As much as mental health professionals have attempted to reduce the "sinful or bad" connotation about mental illness and emotional problems, there were indications that many of those that needed help the most were still very fearful of the label that might be applied to them if they sought assistance. The services of the home economist were the most effective program in combating these feelings.

In a rural area the citizenry are naturally suspicious about new innovations in the community. The services of a home economist have been familiar activities for some time to most rural areas through 4-H programs and home economics classes in the school. Social work, psychological and psychiatric services were more or less new innovations to the community services, and were not nearly as readily accepted as the home economics program. This, in addition to the apparent usefulness to the clients of the services of the home economist, no doubt was the dominant factor in the successful intervention into the families by this particular part of the project.

There are certain other characteristics of a rural setting that deserve consideration when attempting to deal with local social problems. There seems to be more of a tendency for neighbors to be more charitable toward the problems of others than is usually found in urban areas. As noted in the findings of the project, the neighbors may have been very hostile toward a particular family but would still provide material assistance to them in addition to actually going out of their way to help the children. This particular characteristic may be more deeply rooted in the basic rural philosophy of having an obligation of being "thy brother's keeper" than is often true in an urban society.

PROFILE OF THE FAMILIES OFFICIALLY ACCEPTED ON THE PROJECT

Eighty-four families were officially accepted for services under the project. The eighty-four families included 450 children and adults representing about 2.5 percent of the population of Bonner County. This data also showed

5.36 members per household, while according to the U.S. Census Bureau Report the general population in the State of Idaho has an average of 3.78 persons per household. This indicated that families under the project had an average of 1.58 more members per household than for the general population of the State.

The following table shows the number of families accepted by the project in relation to the number of individuals in each household.

TABLE 1
NUMBER OF INDIVIDUALS PER HOUSEHOLD

Number in Each Household	Number of Families	Total Number in Households	Percent
1	1	1	.2
2	4	8	1.8
3	8	24	5.3
4	10	40	8.9
5	26	130	28.9
6	16	96	21.3
7	9	63	14.0
8	5	40	8.9
9	3	27	6.0
10	1	10	2.2
11	1	11	2.4
TOTAL	84	450	100.0

Of the 84 families accepted by the project, 46.4 percent were living within the boundaries of a small city or incorporated town, and 53.6 percent were residing in areas outside such communities. The homes occupied by the families were self-owned and paid for in 44.0 percent of the cases, were rented in 32.1 percent, and were being purchased in 19.1 percent. Those that were leasing or had some other arrangements for occupancy in their homes accounted for 4.8 percent of the families.

In 82.2 percent of the families, both a mother and father or step-parents were in the home. In 17.8 percent of the families, the parents were either separated, divorced, or the home broken by the death of one of the parents.

There are often theories commonly accepted by the public that families that are having social problems in the community are frequently involved in divorce or separation. Table 2 shows the marital status of the husband and wife in the families accepted under the project.

TABLE 2
NUMBER OF MARRIAGES

Number of Marriages	Husband		Wife	
	Number	Percent	Number	Percent
1	52	67.5	52	61.9
2	22	28.6	22	26.2
3	3	3.9	3	3.6
4	—	—	1	1.2
5	—	—	1	1.2
Not stated	—	—	5	5.9
	77	100.0	84	100.0

In 67.5 percent of the cases under the project, the present marriage was the first marriage for the husband. For the wives, the percentage was 5.6 percent lower at 61.9 percent. The husbands in 28.6 percent and the wives in 26.2 percent had been married at least once previously.

For comparison purposes, the 1960 United States Census of population reported that 68.5 percent of the families in Idaho were living together with no previous marriages for either parent. The 1967-68 Annual Report of the Youth Rehabilitation Division of the Idaho Department of Health shows that 49.7 percent of delinquent children referred or committed to the Division were living with their own parents. The project staff observed that the families officially accepted under the project, despite the depth of their problems, displayed a great deal of family loyalty and solidarity.

The most frequent reason given for the families' referral to the project was in the area of one or more of the children having adjustment problems in school. This reason accounted for 35.8 percent of the families, while "emotional problems" with one or more members of the household accounted for 23.0 percent of the referrals.

Table 3 shows the reasons listed for the original referral of the family to the project.

TABLE 3
REASON FOR REFERRAL TO PROJECT

Reasons	Number	Percent
Poor school adjustment	73	35.8
Delinquency behavior	19	9.3
Family disorganization	39	19.1
Health Problems	12	5.9
Economic Problems	2	1.0
Home Management Problems	12	5.9
Emotional disturbances	47	23.0

Table 4 is a breakdown of the prior agencies to which families had been known at the time of the acceptance on the project.

TABLE 4
PRIOR AGENCY CONTACTS BY FAMILIES

Prior Agency Service	No. of Familes	Percent
None	31	36.6
Department of Public Assistance	16	19.1
Public Health Nurses	8	9.5
Youth Rehabilitation Division	3	3.6
Probate Court (Juvenile)	10	11.9
State Mental Hospital	5	5.9
State School & Hospital (M.R.)	1	1.2
Unknown	8	9.5
Others	2	2.4
TOTAL	84	100.0

It is interesting to note that although these families represented the more difficult hard-core problem families, over one-third had never been known to any community agency up to the time of the referral to the project.

Table 5 shows the source of the referrals of the families to the project.

TABLE 5
SOURCE OF REFERRAL TO THE PROJECT

Referral Source	Number	Percent
School	16	19.0
Probate Court	16	19.0
Public Health Nurses	14	16.7
Department of Public Assistance	4	4.8
Youth Rehabilitation Division	3	3.6
Physicians	6	7.1
Ministers	3	3.6
Self	21	25.0
Others	1	1.2
TOTAL	84	100.0

Despite the often expressed opinion that people on the "outs" with society do not want to change, when services of the project were made known, 25.0 percent of the families were sufficiently motivated to seek help on their own volition. In further evaluation of the families that request services on their own volition, the majority were families that had functioned on a higher plane and because of some traumatic event had been reduced to a much lower plane of operation.

Table 6 indicates the source of income listed for each family accepted under the project.

TABLE 6
SOURCE OF INCOME OF THE FAMILIES

Source of Income	No. of Families	Percent
Self-employed	11	11.8
Wages	50	53.8
Private insurance	1	1.1
Social security	10	10.7
Unemployment compensation	1	1.1
Public Assistance	16	17.2
Veterans' Insurance	1	1.1
Others	3	3.2
TOTAL	93*	100.0

*Some families had more than one source of income.

The sources of the family income indicate that 53.8 percent were working for wages, 17.2 percent receiving public assistance, and 11.8 percent were self-employed. Of the families under the project, 14.0 percent were recipients of social security, unemployment compensation or other insurance benefits.

The sixteen families receiving financial aid from public assistance were compared in relation to the source of their referral to the project. Table 7 shows the results of the comparison.

TABLE 7
SOURCE OF REFERRAL OF FAMILIES RECEIVING PUBLIC ASSISTANCE

Source of Referral	Number	Percent
School Officials	5	31.3
Probate Court	2	12.5
Public Health Nurses	1	6.2
Department of Public Assistance	2	12.5
Physicians	3	18.8
Self Referral	2	12.5
Others	1	6.2
TOTAL	16	100.0

The information in Table 4 showed that while 19.1 percent of the project families had been known to the Department of Public Assistance, only 4.8 percent (Table 5) of the families had been referred to the project by that Agency. Of the cases known to the Department of Public Assistance, only 12.5 percent (two cases), were referred

by that agency (Table 7), and none were referred for economic problems (see Table 8). This might indicate that the emphasis of the public assistance program is more in solving the economic problems of the family, with less concern about the social and emotional problems.

Although this project only represented a small sample, the results might be indicative of the need to give special consideration to why some families and their offspring tend to become perennial community problems and recipients of public assistance programs. If the administrative philosophy of the agencies responsible for the operation of financial aid to families especially emphasizes providing money or economic factors, there is certainly a good possibility that the social and emotional problems will not receive proper attention. If the rehabilitative efforts in strengthening the social and emotional adjustments of the recipients are not given proper concern, no doubt the potential independent functioning and earning ability of the family will be seriously neglected.

There is little doubt that some of the recipients of public assistance might not be able to profit to any great extent from some of the conventional rehabilitative services. On the other hand, it is a certainty that in any type of public assistance involving families — and most categorical programs do — rehabilitative services could have a very important effect on not only the eventual ability of the total family, but also on the individual members, to function more effectually in society. The project families seemed to verify that the providing of economic resources alone will not necessarily result in a reduction of the social problems that are frequently present in the families known to public assistance agencies.

To provide a further breakdown of the families that were receiving public assistance, a comparison was made of the 16 cases in relation to the reasons given for referral to the project. More than one reason could be given for each referral.

TABLE 8

REASONS FOR REFERRAL TO THE PROJECT OF PUBLIC ASSISTANCE RECIPIENTS

Reason for Referral	Number	Percent
Poor school adjustment	21	43.8
Family disorganization	6	12.5
Health problems	3	6.2
Economics	0	—
Home management problems	3	6.2
Emotional disorders	15	31.3
TOTAL	48	100.0

From the standpoint of income for the 84 families under the project, 13.1 percent of the families had incomes of less than $2,000 per year, 40.5 percent had incomes of more than $2,000 but less than $4,000, 32.1 percent with less than $6,000 but more than $4,000, and 14.3 percent of the families indicated they had income of more than $6,000 per year.

The family breadwinners were employed full time in 57.1 percent of the cases and unemployed in 31.0 percent. Part-time employment involved 11.9 percent of the family heads. The fathers in the household were considered to be skilled workmen in 26.3 percent of the cases, and laborers in 23.7 percent. Only 3.8 percent of the family heads were classified as being trained in a professional occupation. These occupations were not necessarily the work that was currently being followed by the family heads, but the occupation that was listed as the one they had been involved with or had been trained to do. In 28.5 percent of the families, the mother worked outside the home. Thus, in considering the information obtained on each of the 84 families, it is apparent that there is, on the average, a greater number of people in each household (see Table 1) than in the general population accompanied by a marginal income.

In the evaluation of the services of the project, it should be remembered that the families officially accepted for services and noted in the above data represented the chronic multi-problem families. By referring to Table 4, it shows that slightly over one-third (31) of the families had never been known to any agency in the community prior to their referral to the project. To further analyze this group, the following table shows the source of the referral of these 31 families to the project.

TABLE 9

SOURCE OF REFERRAL TO PROJECT OF CASES NOT PREVIOUSLY KNOWN TO COMMUNITY AGENCIES

Source of Referral	Number	Percent
School	10	32.2
Probate Court	3	9.7
Public Health Nurses	4	12.9
Physicians	3	9.7
Ministers	3	9.7
Self	8	25.8
TOTAL	31	100.0

Of the thirty-one families that had not been known to community agencies prior to the contact with the project, it is interesting to note that 25.8 percent had contacted the agency on their own volition and 32.2 percent had been referred by the public schools.

The reasons given for contact with the project by the thirty-one families that had not been known to any community agency prior to the referral to the project were tabulated.

TABLE 10

REASONS FOR REFERRAL TO THE PROJECT OF THE FAMILIES NOT PREVIOUSLY KNOWN TO COMMUNITY AGENCIES

Reasons for Referral	Number	Percent
Poor school adjustment	10	32.2
Delinquent behavior	3	9.7
Family disorganization	7	22.6
Health problems	3	6.5
Economic problems	0	0.0
Home management problems	1	3.2
Emotional Disturbances	8	25.8
TOTAL	31	100.0

Of the thirty-one families that had not been known to community agencies prior to the referral to the project, 77.4 percent were self-supporting from wages and 58.0 percent were in the income bracket from $4,000 to $6,000 per year. Poor school adjustment was given as the prime reason for the referrals of this group in 32.2 percent, and in 25.8 percent the reasons were for assistance with emotional problems.

During the time the project was in operation, each of the 84 families or individual members of the families had been evaluated by the staff, including consultation with the staff psychiatrist and/or psychologist. In 26.2 percent of the cases, the families had been seen by one or more members of the staff between 100 and 200 days. The families or individual members that had been seen less than 100 days accounted for 21.4 percent of the cases. Between 200 and 300 days included 15.5 percent of the families or individual members. Of the total families, 7.1 percent had had contact with the project in one way or another for over 900 days.

Families or individual members had contacts with the project from 10 to 20 times in 27.4 percent of the cases, and in 15.5 percent had more than 90 contacts with the project staff.

Despite the pre-conceived picture often presented of the hard-core multi-problem family as being quite mobile with little stability in residence, the 84 families accepted by the project did not necessarily confirm the impressions. Only 9.5 percent of the families had lived in Bonner County less than one year, and 28.6 percent had been in residence for over 20 years. The largest single percentage — 34.5 percent — had been residents in the county from between 1 and 5 years.

The following table shows the length of residence in Bonner County of the 84 families.

TABLE 11
LENGTH OF RESIDENCE

Length of Residence	Number	Percent
Less than 1 year	8	9.5
1 to 5 years	29	34.5
5 to 10 years	10	11.9
10 to 15 years	9	10.7
15 to 20 years	4	4.8
Over 20 years	24	28.6
TOTAL	84	100.0

At the conclusion of the project, 52.4 percent of the families were residing within the limits of an incorporated city or town, and 47.6 percent were still residing in the rural areas. When the families were first referred to the project, for comparative purposes, 46.6 percent were living within the boundaries of a city or town, and 53.6 percent in the rural areas. Thus, there was a change of residence from the rural to the city and town in 6.0 percent of the families during the time the families were known to the project.

The following example describes a typical family under the project that had been functioning on a marginal level for a long period of time. The family consisted of Mr. Y, an unsuccessful "gypo logger" and his wife who was expecting her 8th child. The neighbors were providing room and board for one of the older boys in return for labor. Mr. Y was a small grotesque looking individual who made very little money because of the broken-down trucks he owned, along with a back injury that he had sustained in a truck-train accident.

Mrs. Y had been married three times previously, was a poor housekeeper, but was adept at securing food and other household goods to carry to the family by an occasional grocery order from county welfare, and by food and clothing contributed by neighbors with whom she always seemed to have a strained relationship.

The family lived in the country about 30 miles from town in a shack they owned that was built out of paper and scrap lumber, with thin sheets of plastic for windows. The house consisted of three small rooms, and an attic large enough for one bed. A stove constructed from an old oil drum, which became red hot when in use, presented a serious hazard for the small children. There was no electricity, and water was being carried from a creek running across a neighbor's property about a quarter of a mile away. The yard was cluttered with old inoperative cars, trucks and machinery which represented a considerable amount of wasted money. During the time the family was known to the project, they purchased three old cars, a pick-up truck, and a small beat-up house trailer, none of which were in good repair and ended up shortly in their junk pile. They also had accumulated many of the old cars and machinery from neighbors who considered it as junk and had given it to Mr. Y for removal from their property.

During times of stress, Mr. Y would desert the family, such as during the last two weeks of Mrs. Y's pregnancy. The resourcefulness of Mrs. Y is illustrated by the fact that when the father left and they were snowed in, she got the neighbors to take care of the school-age children in their homes, packed up the pre-schoolers, and rode the school bus to town, where she moved in with a family with whom she was only casually acquainted. She remained there until about two weeks after the birth of the new baby, at which time the family she was staying with had contacted the sheriff's office and the project to have her moved out.

The project attempted to improve her situation by finding a place in town and by encouraging her to apply for public assistance. She refused the suggestions and returned to the country. The project paid to have the last half mile of the road to their home plowed out so they could get food and water to the home. Soon after the family returned to the home, Mr. Y returned.

At this point, it was felt that some action needed to be taken to improve Mr. Y's earning capacity. To continue to spend most of his income on useless repairs on old worn-out logging equipment seemed futile. After working with Mr. Y on the possibilities of seeking employment in one of the local lumber mills, funds were provided by the project to obtain license plates for his car, and gasoline to provide transportation to one of the mills where he could obtain more productive employment. This procedure failed, and as pressure was applied to Mr. Y to continue seeking employment, he left home and was allegedly able to find employment in the logging industry in

another state. Although he reported that he was working steady, the family was only provided with small sums of money. As far as Mrs. Y was concerned, she was never quite clear about how much money Mr. Y was earning. Since the father was employed full-time in a neighboring state, the family was encouraged to move there with him. Mr. Y was opposed to this move.

The project helped the family with a speech problem with one child, helped dig a well when it was decided it was impossible to get the family to move, provided medical care for a child who was burned on the stove, helped with the pre- and post-natal care of the new baby, and provided for corrective surgery for Mrs. Y. The mother was included in the home economist program and did manage to keep her house in much better order. She did can quite a large quantity of food that had been provided by neighbors. The staff was unsuccessful in their attempts to get the family to try planting a garden.

With the help of the family's minister, efforts were again made to have them move where the father was employed. The resistance to this move by the father was such that he informed the mother he wanted a divorce. Upon this announcement, with the help of the project staff, the mother made application for public assistance, moved to town and signed a non-support charge against Mr. Y. Upon Mr. Y's being arrested and placed in jail on the non-support charge, Mrs. Y bailed him out and the family moved to where Mr. Y was employed.

An example of a family that was operating on a marginal level but had previously been functioning at a higher level is described with the case of the M family. The family consisted of Mr. M, the mother, and several children ranging in age from 6 through 16. They had been referred to the project because Mr. M "seemed quite depressed" and the Public Health Nurse was concerned about the need for hospitalization.

The initial visit to the home was at about 11:00 a.m. Mr. M was still in bed and the house was one of utter confusion. There was milk in small pans along with leftover foods scattered around the house. One pan contained a tomato macaroni mixture which was covered with a heavy green mold. There were various articles of clothing and piles of dishes covering most of the tables, chairs and stove. The stove was so covered that Mrs. M had to rearrange the dishes in order to find a burner to heat a cup of coffee.

It was easy to establish a relationship with the family. It was learned that Mr. M had been hospitalized for a depression about 10 years previously. Prior to that

he had made sufficient money to support the family. The family was living in a home which required that the teen-aged boys and girls sleep in the same room, and gave very little privacy to anyone in the family. They were currently living on social security disability payments and surplus commodities.

The M family responded rapidly to suggestions given. They cleaned up the house and yard and painted the interior of the house. Temporary bedrooms were improvised on a back porch for the boys, while they constructed an addition to the house. This was accomplished by the work of the entire family.

By an adjustment in medication, Mr. M became more active and was able to return to gainful employment. Other members of the family adjusted to the new family appearance by adopting different roles in the community.

Of the 84 families accepted for services under the project, 12 were considered to be very severely deteriorated at the time of the referral. In these twelve families, a great many gains were noted during the time they were receiving services, but there was a question if they would be able to function on the level they had achieved while actively participating in the project, once the services were discontinued. These were the types of cases that necessitated a great amount of work over a long period of time if there were ever to be any permanent improvement reached.

Information obtained indicated that some of the families accepted by the project had regressed from a higher level of functioning, while others had been functioning at a marginal level for the entire period of the family's existence, as noted in the Y family. From the experience with the project, there was considerable evidence to indicate that greater progress could be achieved in rehabilitating the regressed family than could be achieved with the family that had been consistently operating on a marginal level.

During the first few months of the project, the referrals received were classical low income multi-problem families. Many of them had been known to local agencies for long periods of time, with little success being accomplished in their re-integration to a self-sustaining family unit. These agencies were either stymied or disgusted with the lack of progress with these families, and the project offered a service that could relieve them of the problems. The families that were first referred to the project were much more severely deteriorated and in need of much more service than those referred after the first several months the project had been in operation.

RESULTS OF PROJECT

Certain criteria were established for the termination of services for families accepted under the project. Since there was a time limitation to the project, it was concluded that the progress made by the family would need to be measured in relation to the length of services. In evaluating the success or failure of the services provided, it should be remembered that the families under the project represented the more serious hard-core multi-problem families, and a small amount of change in a particular family could represent a great deal of progress.

In the opinion of the project staff, if the family had changed to where they could function adequately without further services, this was noted under a category entitled "Adequate Adjustment." If further services under available resources in the community would not be of assistance, or if the services provided by the project had reached a point of maximum benefits at the time of the termination of the project, the families were listed under the category of "Further Services Not Profitable." In some cases, the families could not accept the services of the project, or needed services were not available in the community. In such cases, the reasons for termination were listed as "Unable to Adjust to the Project."

Table 12 shows the reasons for termination of the cases.

TABLE 12
REASONS FOR TERMINATION

Reasons	Number	Percent
Adequate Adjustment	5	5.9
Further Services not profitable	34	40.5
Moved out of project area	15	17.9
Unable to adjust to project	16	19.0
Others	14	16.7
TOTAL	84	100.0

Of the families terminated from the services of the project, 40.5 percent had reached a point where the staff was of the opinion that they had made progress but needed further help. Only 5.9 percent of the families were classified as having made an adequate adjustment to where they could go about their business with no further assistance. The mobility of the families could be seen in the fact, that, with assistance, 19.0 percent had moved out of the area. The majority of these moves were made with the help of the project in re-locating the family where occupational opportunities, and in some cases more adequate social and medical services, were more readily available.

In the opinion of the staff, the prognosis for the future adjustment of the families under the project indicated that 45.2 percent had fair potentials, 8.3 percent good potentials, and 46.5 percent poor potentials. Again, remember that these families represented the hard-core multi-problem families, and the percentage of progress under "fair potentials" indicated a great deal of progress.

In relation to the ability of families or individual members to profit from the services of the project prior to its discontinuance, or from other community resources, the staff were of the opinion that 53.6 percent of the families could be helped by further services and 46.4 percent had, under the present circumstances, reached the saturation point in their progress.

In 14.8 percent of the cases, the staff recommended that the families be followed after termination of the project by the Department of Public Assistance, and in 40.7 percent of the families that the local or state health agencies, including mental health facilities in other areas, provide additional services. In 11.1 percent of the cases, it was felt that a private physician could provide the needed services. This did not mean that the families had the motivation or the resources with which to obtain such services. The staff recommendations for follow-up services were based on services available in each agency.

The next step in measuring the success or failure of the project was through attitudes expressed by individuals in the community who were having contact with the families, especially the children. School teachers and officials reported a distinct improvement in the appearance and social adjustment of many of the children receiving services under the project. The school also noted an improved acceptance of children in the school setting as the result of improved grooming, social attitudes and improved academic performances. In this area it must be noted that the ultimate results of the project may not be apparent for 10 to 20 years.

The future steps in measuring the success or failure of the project should be to attempt a follow-up study of members of these families in from three to five years. The study should be directed toward evaluating possible progress or lack of change in relation to: ability, especially of the children, in maintaining a home and their adjustment to society. Social and vocational progress or regression of the parents and children could be measured against the staff's appraisal of the families' abilities at the time they were receiving services under the project. The study could also include checking for law violations, family disorganization, capabilities of financial independence, and the absence or presence of social and emotional malfunctions

serious enough to impair the individual's adjustment in the community and ability to make realistic decisions concerning finances and family problems.

From the opinions of the project staff, the most noticeable success came from the contacts with the many individuals who did not fit into the criteria for official acceptance under the project. As noted previously, the 84 families that did fit the criteria were the more difficult chronic problem families and represented a more hostile group. They were less able to make as much social progress as the non-eligible group. They were a group with fewer social skills with which to compete in society. In general, they displayed the least amount of positive factors and certainly needed more intensive and long-term aid, not just financial aid, to alter what was quite apparent — a long-time poverty syndrome of immature and neurotic judgment mechanism in their homes, social life and vocational endeavors.

SUMMARY OF FINDINGS

It was found that families referred at the onset of the project presented a much more seriously deteriorated situation than those referred after the first several months of operation. The first group of referrals consisted mainly of families known to local agencies for long periods of time. The various agencies and organizations, because of their desperation, no doubt felt that the project was a way out of a dilemma with which they had been confronted for a long time.

The more serious cases consisted of families that had been operating on a marginal level for long periods of time. Most of the later referrals included families that had previously functioned on a higher level but had regressed because of situations which had seriously reduced their capabilities of maintaining the higher level. The progress made with the latter group of families was much more dramatic with considerably less staff time consumed. In the more long-term deteriorated families, it was much more difficult to detect improvement, but by continually working with the total family, the most gratifying results were found with the children. This was especially noticeable in adjustments in the school setting and in relation to peer acceptance. There is a question if these families, or the children, will be able to continue to function at the achieved level once the assistance offered through the project is not available.

The problems presented by the members of the 84 families under the project were many — including both physical and emotional abnormalities — which impaired, to various degrees, their adequate functioning.

From observations of the professional staff, it was apparent that there were very few psychotic or schizophrenic illnesses present. The majority of the problems, it was found, regardless of the reasons for the referral, dealt with parental responsibility, with at least 90 percent of these being immaturity reactions or neurotic handling of family problems by either one or both parents.

The problems presented by the parents and other family members resulted in a higher than average involvement, with much more time being consumed than would be necessary with more overt mental illnesses. These people were able to function, in most cases, to a certain degree without undue threat to the community. The children were the ones who presented most of the symptomatic behavior serious enough to result in community concern of sufficient magnitude to initiate a referral to the project. No doubt the availability of resources for providing assistance was a factor that was at least partially responsible for motivating action on behalf of the children. In planning for services for the multi-problem families, it should be recognized that these families present a serious problem to the community not only for the present but for potential future difficulties that will necessitate a great amount of professional time, initiative and patience.

The heads of the families were usually plagued with immature judgment in handling both financial matters and in dealing with the problems of being parents to children. The parents displayed immaturity in their expectations and abilities to plan beyond their immediate needs and desires, with the added attraction of being "suckers" for get-rich schemes, and "fair game" for being "fleeced" in most of their business transactions.

The long-range results that could be considered in working with problem families is the potential danger of their inabilities being passed on to the next generation. Without some kind of intervention beyond the doling out of financial and material assistance, these families will, in most cases, continue with time to markedly increase the number of social problems in the community. Subsequently, when the human frustrations become great enough, even in a predominantly rural area, the results could very well, with leadership, be some aggressive acting-out behavior directed against the so-called establishment.

The results of the project indicated the possibility that the present welfare system may tend to emphasize the provision of financial needs of the people to such an extent that the emotional and psychological factors of the recipients are neglected. Financial assistance no doubt would relieve the physical deprivations of people, but the final results — if the trend goes unchanged — could be

a continually expanding perpetuation of perennial public assistance clientele.

The need to provide more involvement of professional personnel, both from the standpoint of time and frequency of contacts, seems to indicate the need to re-evaluate some of the present, or in many instances the lack of, methods of attempting to provide services for multi-problem families. It might be well to consider applying more intensive services beyond the doling out of money and supplies. It could be much more profitable to society, in general, as well as for the best interest of the clients, if more effort could be applied in changing attitudes of not only the adult population addressed but, most importantly, for prevention of children adding more and more complications to an already intolerable situation.

Depsite the many problems presented by the families known to the project, the marital stability, in relation to the general population — at least on the statistical sheet — was very favorable. Although these families did account for a much higher percentage of delinquent children than the general population, the percentage of broken homes was considerably less (17.8 percent) than in the families of delinquent children referred to the Youth Rehabilitation Division in the State of Idaho from July 1, 1967 through June 30, 1968. Another positive factor displayed by the families was the pride of ownership of their homes, regardless of the condition of the structure. This, it would seem, could be an indication of a desire for independence that could be a helpful item which could be cultivated.

The majority of the families were referred to the project as the result of school problems or the child being involved in law violations. In addition, 36.6 percent of the families were not known to any agency prior to the contact that resulted in their referral to the project. This could be an indication that problems often go on being ignored and compounded until a source for implementation of a treatment program is available. In a rural setting, it could be that there is a greater tolerance toward people's problems and more of a willingness by neighbors to provide assistance to families, especially where children are involved, than might be found in the urban community.

The fact that 53.9 percent of the cases had prior contacts with agencies in the community could be an indication that specialized programs directed toward meeting the needs of people may often be guilty of becoming so intent on a certain "defined scope" of their services that they neglect to consider some of the basic symptoms that may exist. As trite as it might seem, it could be profitable, especially in a predominantly rural area, in

the overall meeting of the needs of people, if the words "cooperation and coordination" could be truly re-emphasized. This should be considered even to the feared detriment of some of the entrenched vested interests, in relation to the delivery of effective social services.

One of the most noticeable results of the project was the effectiveness of the home economist in reaching the multi-problem families and involving them in various project programs. This program was responsible for involving the families in a broader range of activities than any other segment of the project team. The acceptance by the clients of the home economist program may be partially the result of the predominantly rural environment. The fact that the home economics program may have represented a more acceptable and meaningful approach with less threat to the status of the individuals involved should not be overlooked.

The importance of the success of the home economics services in the project should certainly be of significance in program planning to administrators of public assistance programs, 4-H programs, poverty programs, mental health, mental retardation programs, adult and juvenile correctional programs and, among other things, in vocational programs in the educational system. The significance should go beyond the generally accepted role of the home economist teaching people to be proficient enough in homemaking skills to win prizes at the county fair.

The success of the home economist program in the project demonstrated that such services can be very effective when working with a team in a strictly rehabilitative setting. It may be that the educators in the field would need to evaluate the curriculum to provide more encouragement for students to expand their skills to settings dealing with people who do present various social, emotional and physical problems. The results of the project would indicate that such skills could certainly be of value in meeting the needs of the seriously underprivileged population, and would need the acceptance of the professionals in the field and in the academic setting.

Most sources of training, for example, of mental health practitioners teach people to be therapists. What is presently known about therapy is more successful with families other than the "hard-core multi-problem groups," hence more satisfaction results from working with the more affluent families and individuals. In this project, a staff member from a profession not necessarily known for their "therapy" orientated services, was quite successful in reaching and involving the multi-problem families that were included in the project. The logical conclusion could be the recognition that "therapy" should not only be

limited to the "chosen few" comprising the clinical team. Other skills, as was proven in the success of the home economist in the project, can be very effective when used appropriately.

From the results of the project, it was concluded that families under the program tended to attempt to physically isolate themselves from the community. Their homes, in most cases, were not kept in too good repair, with the yards often littered with old cars and appliances into which they had no doubt invested badly needed money. Little effort was being made to recover the funds through the sale of the junk. Their homes were often located in areas where the pressure from neighbors for the maintenance of certain physical standards was not unduly great. The predominantly rural setting provided more freedom of choice in the protection of the family from involvement with their more affluent neighbors. At least the possibilities for more living space in the rural setting did provide less frustration from "feelings of entrapment" than is present in the urban ghettos.

Although the extent of the deterioration of the families accepted under the project may not be as great as might be expected from descriptions of hard-core problem families in urban settings, the fact that the children of the project families were becoming serious community problems should be a danger signal for evaluating potential trends for the future if nothing is done to alter the situation. This, along with some of the implications inherent in the perpetuation of public assistance recipients, should be of special concern for future program planning and for groups interested in the social and emotional problems of the underprivileged.

At the onset of the project, the staff was alerted to the need to begin planning for the conclusion of the project at that time. This included the continual concern about methods of extending the project, where applicable, to a permanent program within the structure of existing community resources. The project was not too successful in accomplishing this task. In re-evaluating the project, it could be summed up by stating that the failure to create a nucleus for continuing the services of the project was, at least in part, because of the project's lack of adequate communications with vested interests in the community, too much control and subsequent unhealthy interference from a small segment of the community, and the failure to adequately involve the power structure of the community in the project.

In such a program as instigated by the project, the use of volunteers is usually an effective method of providing community interest and concern. The possibility of ex-

tensively capitalizing on the use of volunteers was jeopardized at the onset of the project by the injection of the question of liability responsibility. This question was never satisfactorily answered. This tended to further deter the public relations potential, and with the lack of active broad community involvement, the services tended to become isolated, with the benefits being too often focused toward the interests of a chosen few causes.

The make-up of the Advisory Board and the unsolved, related, internal staff problems that filtered into the community, surrounding agencies and to the state level were very important factors in the lack of effective communications with some agencies and organizations. The resources of the project could have been very useful in the continuation of not only the project services, but in related mental health services.

Because the project was addressed to a population in a predominantly rural setting, the significance of maintaining good community contact seemed to have more impact on the final effects of the project than might be expected in an urban area. This would seem to be of special importance when the continuation of the services was definitely dependent on interest created within the community.

There have been theories presented from time to time that people talk to each other with ideas so fixed, because of the pressure to meet certain needs, that the talking goes on without either side actually "hearing the other." This project seemed to indicate that the planners within the community and those from without were talking at each other but neither was completely able to grasp the scope of what the other was saying until the project was nearly completed. But here hindsight had the edge over foresight. The conclusions of the project had produced a much more visible path to follow than was available to the original planners of the project.

If the "hearing" had been more effective on both sides, a more orderly procedure might have been possible. The need for services was great and resources were not available to meet these needs. Thus, the project, without pre-planning, became a resource to cover a broad gamut of concerns. This type of approach may have some positive elements in solutions to the social problems of the rural areas. If so, the next pioneers in the field might profit from the experience of this project and include such plans more carefully in their procedure.

The concentration of effort aimed at the multi-problem families is usually directed toward the urban community, mainly because of the concentration of num-

bers, with the often mistaken theory that no such problems exist in the rural setting. It is recognized that the families under the project, selected from a goegraphic area that represented a predominantly rural area, did not present as extensive a picture of deterioration as is often described for families from the more populous areas, but none-theless serious unattended problems did exist.

Although it may seem unimportant when considering that the familes accepted under the project represented about 2.8 percent of the population of Bonner County, they did represent a much greater percentage of present and potential problems to the community. Again, for those that are of the opinion that the rural areas are spared their share of social problems, it should be noted that this percentage, if continued to be neglected, can and no doubt will represent a very expensive item for the future, not only in financial loss but also in the loss of productive citizens. To continue to ignore the social problems that may isolate themselves in the rural areas is a serious error. It might be that in the intensity of the search for solutions to the problems confronting society, so much energy is being expended in attempting to relieve the symptoms that the causations of the malady are being grossly neglected.